Statement of Organization
Recipient Committee

Statement Type ☑ **Initial** Not yet qualified ☐ or ☐ **Amendment** List I.D. number: # ☐ **Termination – See Part 5** List I.D. number: #

09 / 14 / 2016 Date qualified as committee

___/___/___ Date qualified as committee (If applicable)

___/___/___ Date of Termination

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SEP 20 2016
ALBANY CITY CLERK

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information

NAME OF COMMITTEE
Yes on Measure P1, Save Our Sidewalks Committee

STREET ADDRESS (NO P.O. BOX)
524 Talbot Ave.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Albany	CA	94706	(510)418-9660

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS
pdjordan@lbl.gov

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Alameda	Albany, CA

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Preston Jordan

STREET ADDRESS (NO P.O. BOX)
524 Talbot Avenue

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Albany	CA	94706	(510)418-9660

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)
524 Talbot Avenue

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Albany	CA	94706	(510)418-9660

NAME OF PRINCIPAL OFFICER(S)
Ken McCroskey

STREET ADDRESS (NO P.O. BOX)
821 Santa Fe Avenue

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Albany	CA	94706	(510)334-9444

3. Verification

I have used all reasonable diligence in [redacted] contained herein is true and complete. I certify under penalty of perjury under the laws of t

Executed on 09/15/2016 DATE

Executed on 09/15/2016 DATE [redacted]URE PROPONENT

Executed on ___ DATE By ___ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on ___ DATE By ___ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM **410**

COMMITTEE NAME
Yes on Measure P1, Save Our Sidewalks Committee

I.D. NUMBER

- **All committees must list the financial institution where the campaign bank account is located.**

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
Mechanics Bank	(510)558-2330	042086434

ADDRESS	CITY	STATE	ZIP CODE
801 San Pablo Avenue	Albany	CA	94706

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			☐ Nonpartisan
			☐ Nonpartisan

Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
P1, Safe and Accessible Sidewalks Special Parcel Tax	City of Albany	☑	☐
		SUPPORT	OPPOSE
		☐	☐